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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/696,746			ing Date 29/2003	To be Mailed	
APPLICATION AS FILED - PART I (Column 1) (Column 2)									OTHER THAN SMALL ENTITY OR SMALL ENTITY				
FOR NUMBER FILED					NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
U	BASIC FEE (37 CFR 1.16(a), (b),		N/A			. N/A		N/A	1 22 (4)		N/A	1 22 (4)	
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A			N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A			N/A		N/A			N/A		
	TAL CLAIMS CFR 1.18(i))		minus 20 =					x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.18(h))	s	minus 3 =					x \$ =			x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G):			n size fee due for each i thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter *0" in column 2.								TOTAL		•	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT	05/22/2007	CLAIMS REMAINING AFTER AMENDMENT	,	HIGHES NUMBE PREVIO PAID F	R DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	· 28	Minus	• 34	1, 20.78	= 0		X \$25 =	0	OR	x \$ =		
	Independent (37 CFR 1.18(h))	• 3	Minus	***5	";	= 0		X \$100 =	0	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
		(Column 1)		(Colu	mn 2)	(Cotumn 3)							
AMENDMENT	७१३७।	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 4	Minus	. 3	4	=		X \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	•]'	Minus	&	*	=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1, 16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	~	
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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